

### Medical Aid Plan Will Be Discussed in City Tomorrow State Association Proposes Socialized Monthly Program

The California Medical Association's tentative proposal to establish a medical insurance plan for Californians will be discussed here tomorrow night when Dr. W. W. Roblee of Riverside and Dr. George Kress of San Francisco, president and secretary, respectively, of the Association, pay their annual visit.

Dr. Frederick N. Scatena, Sacramento district counselor of the organization, said the Association Council, meeting in San Francisco on Saturday, authorized its medical service committee to draft into final form a plan to provide medical service on a monthly payment basis, supplying free choice of hospitals and physicians.

#### Three Groups Would Be Used

The plan contemplates utilizing the facilities of three large pioneer hospital service associations, the Intercoast Hospitalization Insurance Association in Superior California, the Insurance Association of Approved Hospitals in the San Francisco Bay area, and the Associated Hospital Service of Southern California.

"The plan would be operated by the California Medical Association or its representatives and would provide the services of all licensed doctors of medicine in the state who are willing to abide by the rules and regulations necessary to operate the plan," Doctor Roblee stated.

#### Delegates Will Vote

The medical association's House of Delegates will vote at a special meeting in Los Angeles on December 17 on whether it will adopt the program.

The meeting here tomorrow night will be in the Sutter Hospital. Dr. Dave F. Dozier, president of the local body, will preside.—*Sacramento Bee*, November 14, 1938.

## SOCIALIZED MEDICINE

National debate over the proposal to socialize medicine has brought to the fore another angle of the discussion few who criticize the medical profession pause to consider. If we are honest with ourselves we must admit it is doubtful whether more doctoring is as badly needed as is some device to persuade the common or garden variety of patient to do what the doctor tells him.

As a matter of fact, most of us think we know more about ourselves than the doctor possibly can. At least, if we do not think so, we give a letter-perfect imitation of thinking so. To this fact is due a great deal of the enormous cost for medical attention in the United States which is the fundamental basis from which those who would socialize medicine bring their argument.

Frankly, the nation needs socialized medicine much less than common sense. If patients had more of that commodity, and realized the folly of seeing a physician and then stubbornly refusing to follow his instructions, there would be less serious illness and fewer premature departures from this vale of tears by persons who are really ill but knew entirely too much to follow their doctor's advice.

#### WE PAY LITTLE ATTENTION

The manifest folly of hiring a dog and doing one's own barking ought to require no argument.

It is not that we remain away from the doctor, of course, because we rush to him, most of us, at the first twinge of pain. We suffer his prods and the various tests he makes, and answer his various questions as truthfully as possible, maybe, provide whatever he wishes for laboratory purposes, then fearfully await his verdict.

And when we get that advice, we pay little attention to it.

Perhaps we are told our appendix should be removed. But we ignore the advice either because there is no pain in that region or what pain there was has disappeared. Or we hear that a strict diet is indicated because of high blood pressure. Perhaps the examination has disclosed a bad heart, with a condition of sufficient gravity to cause the doctor to prescribe a month or two in bed.

Having had the examination and received the verdict, and the advice, what do we do about it? The fact is we usually do nothing about it. We decide the doctor knows nothing about it anyway. Or we figure a modified form

of the regimen he prescribed ought to do the trick. We stick to the diet for two days, perhaps, then fall off with a bump.

#### SAME OLD QUESTION

If the month or two in bed was indicated, we ask ourselves and anybody who will listen, how in the name of heaven can we spend a month or two in bed and earn a living at the same time? So presently we delight our heirs by dropping off and the living we had to make all at once becomes of no importance.

A further elaboration of this theme would be merely redundant.

We all know we are too self-willed and impatient and lazy to follow a doctor's directions. We all know that coöperation and obedience are the rarest virtues known to mankind. Until we Americans, rich and poor, agree to coöperate with our medical adviser and obey his decrees, discussion of bigger and better medical attention is just so much piffle.—*San Bernardino Telegram*, October 7.

## WASHINGTON MERRY-GO-ROUND

### Government Group Health

While the battle between "Group Health" and the American Medical Association flares in District of Columbia courts, it is not generally realized that the New Deal has established, and in most cases subsidizes, group health units in twenty-five states.

Farm Security Administration—heir to Tugwell's Resettlement—is the parent of these units, with the purpose of keeping farmers in health so they can work out of the debts they owe FSA.

Government Group Health also had to fight the American Medical Association, and thrived on the opposition. The idea is spreading so widely that it amounts to a lot more than an expedient for FSA to get its money back. It is fast becoming a nation-wide practice.

In South Dakota, for example, one-half of all the farm families of the state are eligible for group health treatment. Member families pay a regular fee—sick or well—of \$2 a month, and the doctor takes care of them for anything from a toothache to child-bearing.

Doctors have to forego fancy fees, but they are glad to have the business. Here are some sample fees paid by group health units:

For extracting a tooth, \$1.50; for a doctor's house call within town limits, \$2; for an office call, \$1.40; for hospital ward service, \$2.50 per day; for complete obstetrical examination before childbirth, \$3.40; for childbirth, \$20. The maximum charge for a major operation is \$50, the minimum \$15.

Where members of a group health unit cannot pay their \$2 monthly fee, the Government lends them the money. On these loans, made in the past, about 80 per cent is paid back. The balance represents a direct Federal subsidy.

Though the American Medical Association has fought the group health plan, state medical associations affiliated with American Medical Association are working with Farm Security in every state where the units have been established.—*San Francisco Chronicle*, October 24, 1938.

## CAPITAL DOCTORS BACK SOCIALIZED MEDICAL PLAN

### Leaders Warn Action Must Be Taken To Block State Action

The Sacramento Society for Medical Improvement last night unanimously endorsed and pledged its support to the California Medical Association's proposal to offer Californians joint medical and hospitalization insurance.

More than fifty of Sacramento's leaders in medicine were present in the Sutter Hospital auditorium to hear Dr. W. W. Roblee of Riverside, President of the California

Medical Association, and Dr. George Kress of San Francisco, secretary of the association, explain the plan which the state organization is drafting into final form to be voted upon by the physician delegates at a convention in Los Angeles December 17.

#### WOULD BLOCK FEDERAL ACTION

Both officials warned that unless such a program is adopted, legislation, both State and Federal, which would put into effect some form of socialized medicine, is imminent.

"The heat is on from many sources for some type of medical insurance for the great middle class of our State," declared Doctor Roblee. "We have heard frequent warnings from Washington and from the President. We know from past statements, both by the governor elect and the lieutenant governor elect, that they are going to insist upon some form of adequate medical care—social medicine, if you please—during their terms in office.

"We are unalterably opposed to compulsory medical insurance. We know it would not work here. Neither would socialized medicine. We must put forward an intelligent, workable plan of our own and forestall forced adverse action by nonmedical men."

#### MONTHLY COSTS

Doctor Kress intimated that the cost of the Association's insurance probably will be about \$2.50 a month. He stated that 500,000 persons in California might take advantage of the plan. He also warned against the enactment of compulsory medical care insurance.

"If our plan will prevent the enactment of adverse legislation or the enactment of a compulsory insurance law that would change the whole picture of medical practice in California, we will not have failed," he said.

"If we are to be regimented into a program in which dull mediocrity is the rule, the service we would give would be far below the excellent standards we give gladly and freely today."

#### COMPLETING ANNUAL TOUR

Doctors Roblee and Kress are completing an annual tour of Superior California medical associations. Dr. Dave F. Dozier, president of the local association, presided at last night's meeting.—The Sacramento *Bee*, November 16.

### UNITED STATES TO KEEP SECRET NAMES OF WITNESSES AGAINST AMERICAN MEDICAL ASSOCIATION\*

Justice department attorneys handling the extraordinary grand jury investigation of the fight by "organized medicine" against the group health movement decided to try to keep secret the names of witnesses to be called before the grand jury.

The inquiry will reconvene, with jurors listening to witnesses whose identity will not be revealed now, if at all. The purpose in refusing to make public in advance names of witnesses, it was explained, is to conform to Justice Proctor's admonition to keep proceedings secret.

The department, however, it is understood, intends to spend the first three or four days in calling witnesses who will give the "background" of the group health controversy, particularly from the standpoint of complaints that the American Medical Association and local medical organizations have tried to suppress the movement.

#### GROUP HEALTH ASSOCIATION CHARGES LATER

Not until then will the grand jury hear that part of the story which relates to charges that the District Medical Society, with the help of the American Medical Association, has endeavored to break up Group Health Association, Inc., local organization formed by Government workers in

the executive establishment for the purpose of spreading medical costs.

The investigation relates entirely to the district situation, and it is on this basis that indictments will be sought for violation of the Clayton antitrust act, both against leaders of the District Medical Society and the American Medical Association.

#### MAYO SURGEON WITNESS

The background testimony, designed to give the general picture for the entire country, opened yesterday with appearance before the grand jury of Dr. Hugh Cabot, Mayo Clinic surgeon and a savage critic of the American Medical Association. It is understood Doctor Cabot described the organization of the national medical group.

Doctor Cabot, as well as witnesses who will follow him in laying the groundwork for the narrative relating to the district, are appearing voluntarily. Other witnesses will be subpoenaed. Doctor Cabot concluded his testimony at the afternoon session.

Doctor Cabot's appearance launched a prosecution which—if the organizations are indicted—is due to lay squarely before the Supreme Court the long disputed problems of "socialized medicine" and Government control of the healing science.

#### TO FIGHT TO THE LAST

The American Medical Association has challenged the Government to take it to court and promised to resist to the utmost efforts to brand it as a monopoly.

Doctor Cabot has charged that private practice in this country is not able to safeguard the health of the people and has championed group efforts to place medical treatment within reach of the people generally. The American Medical Association opposition to such movements he calls "medieval."

### AMERICAN MEDICAL ASSOCIATION APPROVES UNITED STATES PLAN FOR SWEEPING HEALTH PROGRAM

Washington, November 1—(UP).—Government health officials began drafting today details of an \$850,000,000 a year national health program after reaching agreement in principle with the American Medical Association.

Prominent doctors and medical economists returned home after a seven-hour conference which placed four out of five of the Government's major proposals in a state where "plans for action may now be formulated," officials said.

The program calls for:

1. A \$200,000,000 expansion of preventive public health services and broadening of the social security act to increase provisions for maternal and child care.
2. A hospital expansion program to increase the facilities available for medical care.
3. Extension of medical assistance now available to low income families.
4. Development of a plan of insurance against loss of wages during sickness.

These points were part of a broad health improvement plan advanced by President Roosevelt's special interdepartmental committee on coordination of health and welfare activities at the national health conference last July. The American Medical Association later approved them in substance.

The program would be organized on a ten-year basis. Economists estimated that \$850,000,000 would be the peak annual expenditure during that period.

On one point the conference yesterday failed to reach agreement—establishment of compulsory health insurance under Government supervision. The American Medical Association rejected that plan at the meeting of its House of Delegates in Chicago several weeks ago and yesterday's conference apparently brought the two groups no closer together on that issue.—San Francisco *Chronicle*, November 2, 1938.

\* Excerpts from a press article by Dillard Stokes.